PART 3

EXHIBITS TO DECLARATION OF SARAH BLAINE

EXHIBIT 13

AUTHORIZATION TO DISCLOSE REAL INFORMATION

Patient Name: Chaya R. Morgenstern-Grossbaum DOB: SSN:

Patient Address: Morristown, NJ

1. I authorize the use or disclosure of the above named individual's health information as described below.
2. The following individual or organization is authorized to make the disclosure:
NYU School of Medicine - Program for IVF - Dept. OB Gyn

Address 1660 First Ave, 6th Floor, NY, NY

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- ☐ problem list
- ☐ medication list
- ☐ list of allergies
- ☐ immunization record
- ☐ most recent history and physical
- ☐ most recent discharge summary
- ☐ laboratory results from (date) _____ to (date) _____
- ☐ x-ray and imaging reports from (date) _____ to (date) _____
- ☐ consultation reports from (doctors' names) _____
- ☒ entire record & billing statement — any & all at any time.
- ☐ _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:
NUSBAUM, STEIN, GOLDSTEIN, BRONSTEIN & KRON, P.A.
20 Commerce Boulevard, Succasunna, NJ 07876, for the purpose of pending litigation.

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: one year. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information).

X _____
Signature of Patient or Legal Representative

1/26/07
Date

_____
Relationship to Patient

_____
Witness

SUSAN VIOLA DONOHUE
A NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 20, 2010

CERTIFICATION

This is to certify that this is a true copy of the original medical records pertaining to treatment rendered to Chaya R. Morgenstern-Grossbaum at NYU School of Medicine-Program for IVF.

Upon my oath I certify that the annexed treatment records were made in the regular course of business of this office / institution and it was in the customary and regular course of business of this office / institution to make said records. The records were made at or about the time of the treatment reported therein and accurately reflect the information obtained during treatment.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____
(signature)

_____
(please print name and title)

Dated: _____

New Patient History
Dr Frederick L. Licciardi, MD

Date Called: 2/4/04 Appointment Date: 3/30/04 Time: 1:15 pm

Referred by: Rabbi Jacobowitz

Name: Chaya R. ~~Morgenstern~~ Grossbaum DOB:

Partner: Menachem M. Grossbaum DOB:

Partner Wk#:

Address:

Brooklyn, ny 11213

Home Phone #: Work Phone #:

Reason for appointment: IVF Both CF carrier

Insurance coverage: Oxford

Medical Records: ✓ FSH: has done ____ will do ____

HSG:

Price quoted: $450

Patient info form faxed/mailed to:

Will forward CF Results

Wife will have CF results sent husband to be retested due to not being able to get recds ...

Date: Thu, 25 Mar 2004 15:30:30 -0500
From: Mark Hughes <mrhughes@GenesisGenetics.org>
To: Francis Hooper <griolf01@med.nyu.edu>
Reply-to: pgd@GenesisGenetics.org
Subject: Morgenstern-Grossbaum.CF10+11.NYU.2004#316

Morgenstern-Grossbaum.CF10+11.NYU.2004#316

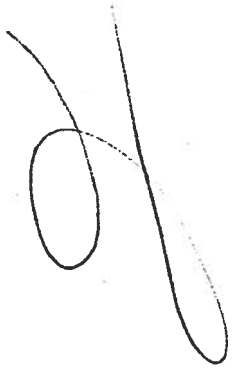
Hi Frances

Chaya Morgenstern and Mendel Grossbaum will be coming in next week, Tuesday I think, for an initial visit with Fred Liccardi.
I have spoken with the couple at length.
They can start IVF whenever it is convenient for them and NYU.

We will need a tube of blood from both of them...but other than that...no waits.

Do you have Dr. Liccardi's email?

Hughes



CG004

appt: 3/30/04
1:15pm

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

Frederick L. Licciardi, M.D.
Associate Director

660 First Avenue, 5th Floor, New York, NY 10016
Telephone: (212) 263-7754
Facsimile: (212) 263-7853
38th & 1st Ave

Dear Patient,
Thank you for taking the time to complete the attached form that will allow for Dr. Licciardi to have a complete pregnancy history at the time of your consultation. Please fax it to 212-263-7853 as soon as possible.

Name Chaya Rachel Grossbaum-Morgenstern Date of Birth
Married? No___ Yes ✓ for how long 1 yr 8 Months
Trying to conceive for ___ years
Total number of pregnancies 0 Number of children 0

List each pregnancy:

Approximate Date of conception	How conceived? (Natural, IVF, etc.)	Outcome(ectopic miscarriage, delivery etc)

List all surgeries of the abdomen or pelvis: 0
(including hysteroscopy and laparoscopy)

Date	Procedure

Allergies: 0

Menstrual cycle length?
Not Sure
Bleed For? [redacted] 5-7 Days

Total number of Clomide cycles? 0 how many with IUI? 0
Total number of Injection cycles? 0 how many with IUI? 0

List all IVF or Donor Egg cycles: 0

Date	Cycle Cancelled (Yes or No)	#Eggs Retrieved	#Embryos Transferred	Stimulation (Medications used)

Day 3 Bloods?

Date(s)	FSH	E2	Where was it done?

Date	HSG	Normal?	

New York University
A private university in the public service

CG005

Name: Last: Grossbaum Patient #: 128200 SSN: Entry date: 25-Mar-04

First: Chaya MI: DOB: Age: 27 ☐ Donor Change date: 21-Jun-07

Primary MD: Licciardi Affiliate MD: Phone (H): (W):

Referred By:

History:

03/29/2004 2:55:00 PM ar
23 yo female, G0P0, married for 1 yr 8 mos.

04/01/2004 1:09:00 PM fl
both CF carriers. She is G542X , he is 508

GYN History:

Menarche:

age: years
interval: 28 to days
duration: 7 days
flow:
Contraception: OCP

IUD Use:
PID:
DES:

Last Menstrual Period:

Molimina: ○ Yes ○ No
Dysmenorrhea: ○ Yes ○ No
Galac: ○ Yes ○ No
Hirsutism: ○ Yes ○ No

Pap History:

Date	Result	Comments

CG006

Name: Last:	Grossbaum	Patient #:	128200	SSN:		Entry date:	25-Mar-04
First:	Chaya	MI:		DOB:		Age: 27 ☐ Donor	Change date: 21-Jun-07
Primary MD:	Licciardi	Affiliate MD:		Phone (H):		(W):	
Referred By:							

ROS:

Reviewed by:

	YES	NO
1. CONSTITUTIONAL		
Weight change	☐	☑
Fevers	☐	☑
Sweats	☐	☑
Fatigue	☐	☑
2. EYES		
Glaucoma	☐	☑
Cataracts	☐	☑
Vision surgery	☐	☑
3. EARS, NOSE, THROAT		
Loss of hearing	☐	☑
Dizziness	☐	☑
Nose bleeding	☐	☑
Gum bleeding	☐	☑
4. RESPIRATORY		
Chronic Cough	☐	☑
Bronchitis	☐	☑
Shortness of Breath	☐	☑
Asthma	☐	☑
Pneumonia	☐	☑
5. CARDIOVASCULAR		
Heart attack	☐	☑
Chest pain/angina	☐	☑
Heart murmur	☐	☑
Anemia	☐	☑
Transfusions	☐	☑
Phlebitis or blood clots	☐	☑
Rheumatic fever	☐	☑
Heart Surgery	☐	☑
6. GASTROINTESTINAL		
Reflux	☐	☑
Hepatitis A	☐	☑
Blood in stools	☐	☑
Diarrhea/constipation	☐	☑
Hernia/repair	☐	☑
Gall bladder disease	☐	☑
7. ENDOCRINE SYSTEM		
Diabetes	☐	☑
Thyroid problem	☐	☑
Hormone treatment	☐	☑

	YES	NO
8. BREAST		
Masses	☐	☑
Breast surgery	☐	☑
9. URINARY SYSTEM		
Urinary tract/bladder infections	☐	☑
Kidney stones	☐	☑
Incontinence	☐	☑
Trouble urinating	☐	☑
10. GENITAL		
Pelvic infection	☐	☑
Pelvic surgery	☐	☑
Pelvic pain	☐	☑
Endometriosis	☐	☑
11. SKIN		
Cancers	☐	☑
Rashes	☐	☑
12. NEUROLOGIC		
Stroke	☐	☑
Seizures	☐	☑
Head injury	☐	☑
Nerve damage	☐	☑
13. PSYCHIATRIC		
Depression	☐	☑
Anxiety	☐	☑
14. MUSCULOSKELETAL		
Osteoarthritis	☐	☑
Rheumatoid arthritis	☐	☑
Gout	☐	☑

15. COMMENTS

Name: Last: Grossbaum Patient #: 128200 SSN: Entry date: 25-Mar-04
First: Chaya MI: DOB: Age: 27 ☐ Donor Change date: 21-Jun-07
Primary MD: Licciardi Affiliate MD: Phone (H): (W):
Referred By:

Medical History: ☐ None
no

Medications: ☐ None iocp

Surgical History: ☑ None
Not Entered

ETOH: None **Smoking:** ○ Yes ◉ No ○ Past **Drugs:** ○ Yes ◉ No ○ Past ☐ Marijuana ☐ Cocaine ☐ Other

Allergies: ☑ None No Known Allergies **Occupation:**

Allergies Comment ☐ None Not Entered

Family History:	**Female**	**Male**
Mother:	inc	
Father:		
Siblings:		

Known genetic abnormalities: ◉ Yes ○ No CF carriers
Blood clotting disorders: ○ Yes ◉ No
Family history of breast, uterine, or ovarian cancer: ○ Yes ◉ No

Partner Data: **Partner:** MENACHEM GROSSBAUM **Age:** 27 **DOB:**
Semen Analysis: needs

Comment:
Medical History: ☐ None no
Medications: ☐ None no
Surgical History: ☑ None
Not Entered

ETOH: Occasional **Occupation:**
Smoking ○ Yes ◉ No ○ Past **Drugs** ○ Yes ◉ No ○ Past ☐ Marijuana ☐ Cocaine ☐ Other

Allergies Comments ☐ None Not Entered

Allergies: ☐ None

Name: Last:	Grossbaum	Patient #:	128200	SSN:		Entry date:	25-Mar-04
First:	Chaya	MI:		DOB:		Age: 27 ☐ Donor	Change date: 21-Jun-07
Primary MD:	Licciardi	Affiliate MD:		Phone (H):		(W):	
Referred By:							

Physical Exam:

Date:		Weight:	196 lbs	Height:	ft	in
Blood Pressure:	Sys	130	Dias	80	Pulse	

Habitus:	○ Normal	○ Abnormal	
HEENT:	○ Normal	○ Abnormal	
Skin:	○ Normal	○ Abnormal	
Hirsutism:	○ Normal	○ Abnormal	
Neck:	○ Normal	○ Abnormal	
Thyroid:	○ Normal	○ Abnormal	
Lungs:	○ Normal	○ Abnormal	
Heart:	○ Normal	○ Abnormal	
Breasts: Right	○ Normal	○ Abnormal	
Left	○ Normal	○ Abnormal	
Abdomen:	○ Normal	○ Abnormal	
Ext Genitalia:	○ Normal	○ Abnormal	
Vagina:	○ Normal	○ Abnormal	
Cervix:	○ Normal	○ Abnormal	
Uterus Position:	Ante		
Uterus Exam:	○ Normal	○ Abnormal	
Adenexia: Right	○ Normal	○ Abnormal	
Left	○ Normal	○ Abnormal	
Rectal:	○ Normal	○ Abnormal	

Ultrasound:

Ultrasound:

Uterus	◉ Normal	○ Abnormal
Endometrium	◉ Normal	○ Abnormal
Left Ovary	◉ Normal	○ Abnormal
Right Ovary	◉ Normal	○ Abnormal

Sounding: Trial transfer Angle 0 Depth 7.5 cm Position Not Entered Catheter Not Entered

Comment: easy up

Impression: 23 yo for IVF pgd, CF. They have already spoken with Dr.Hughes. 35% pregnancy rate. Regular lupron 4 amps. SA , HSG. FL

Date:

Name: Last: Grossbaum Patient #: 128200 SSN: Entry date: 25-Mar-04

First: Chaya MI: DOB: Age: 27 ☐ Donor Change date: 21-Jun-07

Primary MD: Licciardi Affiliate MD: Phone (H): (W):

Referred By:

Progress Notes:

02/24/2006 LCK
this birth date not possible - must be 4/25/2005

06/23/2005 fh
spoke to pt husband
pt del baby girl
5/25/05
6lbs 10oz vag del

07/16/2004 ef
23 g0 s/p oocyte retrieval (33 oocytes) 7/14/04 (POD 2) for PGD (CF mutation carrier); E2 post-hCG 4414. Pt presents reporting bloating and mild abdominal discomfort. No SOB, CP, calf pain, dizzyness. No difficulty urinating.

197lbs (+3lbs since retrieval) 16 88
Gen: WN, WD female in no apparent distress
CV: RRR no m/r/g
Lungs: CTAb no w/r/r
Abd: soft, NT, overweight
Ext: no c/c/e; no palpable cords bilaterally nontender

TVS: R ov 6.3x4.3cm; L ov 4.3x3.4cm; FF 2.9cm

A/P: 23 g0 s/p oocyte retrieval, mild OHSS
1. Pt instructed to increase po hydration
2. Pt instructed to call for worsening symptoms of OHSS
3. SMA, LFTs, CBC sent
EDF

SA1
Date: 04/29/2004
Volume(cc): 5.8
Count(million/cc): 28
Motility(%): 62
Morphology - Oval Heads(%): 2

04/29/2004 fl
hsg reveiwed: nl uterus tubes and spill. FL

Date of Visit: _____

NYU SCHOOL OF MEDICINE
Program for IVF, Reproductive Surgery & Infertility

ACCT. #: _____

☐ BERKELEY ☐ GRIFO ☑ LICCIARDI ☐ NOYES ☐ KUMP

PATIENT SUMMARY

Name: ~~Chaya Rachel~~ Crossbaum - Morgenstern Chaya Rachel

Home Address: _____

Brooklyn ~~NY~~ (CITY) NY (STATE) 11213 (ZIP)

Home Phone: _____ Business Phone: _____

SS #: _____ DOB: _____ Age: 23 Marital Status: Married

Occupation: Administrative Asst Employer: Keren Reuios

Bus. Address: 816 Eastern ~~Pkwy~~ Pkwy

PARTNER SUMMARY

Name: Crossbaum Menachem Mendel, (FIRST)

SS #: _____ Age: 24 DOB: _____

Home Phone: _____ Business Phone: _____

Occupation: Locksmith Employer: Self

Payment is expected at the time services are rendered. Information is requested in the event billing to the insurer is required. Please present insurance card for verification.

PRIMARY INSURER: _____ PHONE: _____

Claims Address: _____

ID #: _____ GROUP #: _____

Name of Insured: _____ Relationship: _____

SECONDARY (If applicable, please complete):

Insurance Carrier: _____ PHONE: _____

Claims Address: _____

ID #: _____ GROUP #: _____

Name of Insured: _____ Relationship: _____

I authorize the release of any medical or other information necessary to process claims for services rendered by NYU PIVF and its physicians. I am responsiblefor the payment of all fees associated with services rendered by NYU PIVF and its physicians, including covered and non-covered services, deductible and co-payments. I agree to notify the office if changes of address, phone number of insurance coverage occurs.

_____ PATIENT SIGNATURE _____ DATE

Referring Physician: _____

Phone: _____

IVF INTAKE

CG011

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

NYU PROGRAM FOR IVF, REPRODUCTIVE SURGERY & INFERTILITY
J.A. GRIFO, M.D., PH.D., ALAN S. BERKELEY, M.D., NICOLE NOYES, M.D.,
FREDERICK LICCIARDI, M.D., LISA M. KUMP, M.D.
660 FIRST AVENUE @ 38TH STREET
NEW YORK, NEW YORK 10016
Tel: 212-263-8990 Fax: 212-263-7853

I, or my authorized representative, request(s) that medical information regarding my care and treatment at NYU be released to the party named below.

I understand that this consent may include disclosure of information relating to alcohol or drug abuse, psychiatric care and or confidential HIV related information and in the event the medical information described below contains information relating to alcohol or drug abuse, psychiatric care and/or confidential HIV related information, I specifically authorize release of such information to the person(s) indicated below. I also understand that I will have the right to cancel this release at any time. I also understand that my consent to release information will expire 1 year from this date.

I understand that under New York state law, except for certain people, confidential HIV related information can only be given to persons I allow to have it by signing a release.

Please print

Name of patient /Date of Birth /SSN:

Chaya Rochel Grossbaum

Name and Address and telephone number of Person you are designating to receive Information:

Specific Information to be released
All medical records from_____ to_____. Blood tests only Surgical report(s).
As described:

Reason for release of Information:

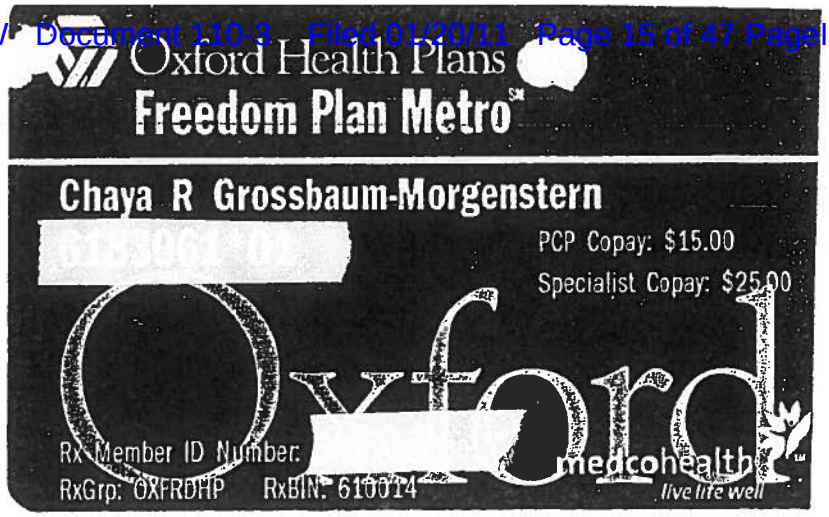
My questions about this form have been answered. I know that I do not have to allow the release of information and I can change my mind at anytime. I understand that this request will be fulfilled by mail within 10 days.

3/30/04
Date

Signature of patient

Recrel doc 6/01

CG012


Oxford Health Plans
Freedom Plan Metro
Chaya R Grossbaum-Morgenstern
PCP Copay: $15.00
Specialist Copay: $25.00
Oxford
Rx Member ID Number:
RxGrp: OXFRDHP RxBIN: 610014
medcohealth
live life well


Questions? Call Member Services:
800-444-6222
Speak with an Oxford On-Call Nu
800-201-4911
Precertification is required for hospital admissions, surgical procedures, a
certain diagnostic services. Check your Certificate of Coverage or Contr
for information on precertification and benefits. By the use of this card
hereby consent to the release to Oxford and its delegates of any medi
information needed to enable Oxford to administer my coverage.
Healthcare Providers Can Call: 800-666-1353
Submit Claims Electronically to Payer ID 06111
www.oxfordhealth.com
Pharmacy Customer Service: 800-905-0201
Pharmacists Call: 800-922-15
Oxford Health Insurance, Inc., PO Box 7082, Bridgeport, CT 06601

Name Grossbaum, Chaya (Rachi) (Rochel) * age 23 DOB Date 3-30-04
Partner Menachem Grossbaum age 24 DOB
Referred by MENDEL *

History: 23 yr G0P0 LMP - 6 weeks ago (on pill)
Both CF carriers

HSG:

Pregnancy History

date	gest age	outcome	complications

GYN History:
Menses: age____ interval 28 duration: 5-7 flow____
molimina____ dysmenorrhea Ø
galac____ hirsutism____ contraception: ON OCP.
last PAP Summer 03.
last mammo Ø
IUD use Ø PID Ø DES Ø
Medical History: Ø

Medications OCP.
Surgical History: Ø

Smoking Ø ETOH Ø Drugs Ø Allergies Ø
Family History:

	Female	Male
Mother	OK	OK
Father	Heart Dx. Sp MI. Sister Diabetic	OK
Siblings	OK	OK

Known genetic abnormalities CF carrier Blood clotting disorders Ø Family history of breast, uterine or ovarian cancer Ø

Dr C 4/1/04

Partner data:
Medical Ø

Surgical Ø

allergies Ø medications Ø
smoking Ø ETOH Ø drugs Ø
Semen Analysis:

date	volume	concentration	motility	morphology	lab
	Neers				

Physical Exam:
weight 196 height ____ BP 130/80

Habitus		Grey hair in front. Saw [illegible]
HEENT	wnl	
Skin	wnl	
Hirsutism	wnl	
Neck	wnl	
Thyroid	wnl	
Lungs	wnl	
Heart	wnl	
Breasts	R wnl	L wnl
Abdomen	wnl	
Ext Genitalia	wnl	
Vagina	wnl	
Cervix	wnl	
Uterus	wnl	anti/retro/mid
Adenexia	R wnl	L wnl
Rectal	wnl	

Ultrasound: [illegible]

Sounding: 7.5 cm easy up

Impression 23 yo [illegible]

Plan [illegible]

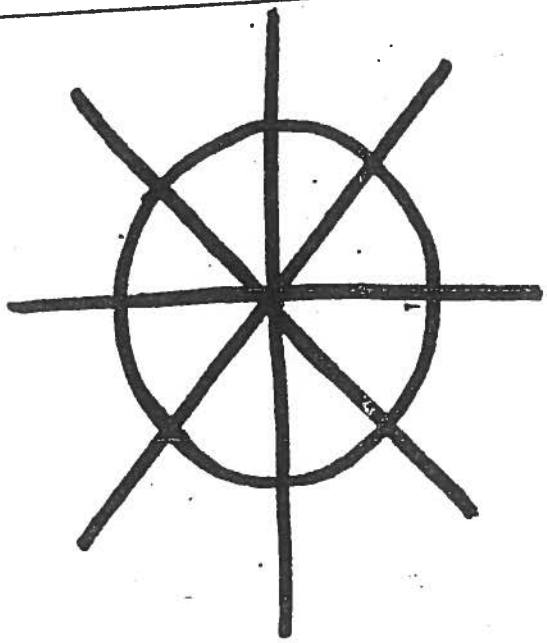
CG016

New York ... Reproductive Surgery and Infertility
Program for IVF, ...
660 First Avenue, 5th ..., New York, NY 10016

Date:

Patient: Grossbaum Chaya

LMP:



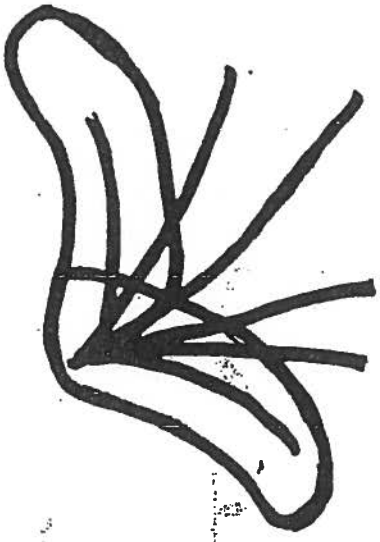


Diagram depicts patients in Lithotomy position

Depth: 7 1/2 CM

Position:

Comments:

Physicians Signature:

Sounding Sheet
11/25/02

Program for IVF, Reproductive Surgery, and Infertility
660 First Avenue, Fifth Floor
New York, New York 10016
Phone: (212) 263-8990 Fax: (212) 263-8827

Preconception Genetic Questionnaire

Name Chaya Rachel Date of Birth

Husband Name Menachem Mendel Date of Birth

1. Do you, your husband, or anyone in your families have any of these disorders?

Duchennes - Muscular Dystrophy	Yes ☐	(No) ☐
Hemophilia	Yes ☐	(No) ☐
Neural tube defect (open spine)	Yes ☐	(No) ☐
Neurofibromatosis	Yes ☐	(No) ☐
Marfan's syndrome	Yes ☐	(No) ☐
Polycystic Kidney Disease	Yes ☐	(No) ☐
Myotonic dystrophy	Yes ☐	(No) ☐
Huntingtons Disease	Yes ☐	(No) ☐
Cystic Fibrosis	Yes ☐	(No) ☐

If yes, please indicate the relationship of the affected person to you or your husband:

2. Do you, or your husband, have a birth defect or familial disorder not listed above? Yes ☐ (No) ☐
If yes, please specify and indicate relationship:

3. Do you, or your husband, have a close relative with mental retardation, autism, a birth defect, Fragile X, familial disorder, or a chromosome disorder such as Down Syndrome? Yes ☐ (No) ☐
If yes, please specify the condition and indicate the relationship:

4. In any previous marriages, have you or your husband had a child born with a birth defect or had a pregnancy or child diagnosed with Down Syndrome? Yes ☐ (No) ☐
If yes, please specify the defect:

5. Have you or your husband in this or any previous marriage had a stillborn child or more than two first trimester miscarriages? Yes ☐ (No) ☐
If yes, please specify:

6. Did you or your husband have carrier testing for Cystic Fibrosis? (Yes) ☐ No ☐
If yes, please indicate results and state who was tested:
We were both tested & are both carriers for CF

Continued on other side

UMDNJ
NEW JERSEY MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

Center for Human & Molecular Genetics
Cytogenetic Lab (973) 972-4480
Biochemical Lab (973) 972-3738
Molecular Genetics Lab (973) 972-3170
Genetic Counselors (973) 972-3300
Billing (973) 972-4612

MOLECULAR DIAGNOSTIC REPORT

Patient Name:	**Morgenstern, Chaya**	**DOB:**	**Lab ID#**	**109567 CF**
Report Sent to: Tillie Young, M.S. **Morristown Memorial Hospital** **Genetics Services** **Anderson-B** **100 Madison Avenue** **Morristown, NJ 07960**		**Date Sample Received:**	**05/22/2001**	
		Date of Report: **Completion Date:**	**05/24/2001** **05/23/2001**	
Type of Specimen:	**Blood**	**Source of Referral:**	**Morristown Memorial**	

MOLECULAR ANALYSIS FOR CYSTIC FIBROSIS

CF MUTATIONS

ΔI507	S549N	N1303K	A455E	G85E	G480C	3659delC	I506V
ΔF508	G551D	W1282X	R117H	C405	2307insA	S1255X	I507V
A1717	R553X	R334W	T621	T711	A2789	5T/7T/9T	F508C
G542X	R560T	R347P	T3849	1078delT	A3120	A559T	

INTERPRETATION:

This patient was tested for 27 mutations and four polymorphisms listed above and was found to be a carrier of the G542X mutation.

ASSESSMENT:

This patient *is* a CF carrier.

This test was developed and its performance determined by the Molecular Diagnostic Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. However, the FDA has determined that such a clearance or approval is not necessary.

Franklin Desposito, M.D.
Director of Clinical Genetics
Department of Pediatrics
ABMG Certified, Molecular Genetics

James J. Dermody, Ph.D.
Director
Molecular Diagnostic Laboratory
ABMG Certified, Molecular Genetics

☐ **Genetic Counseling Recommended**

UMDNJ
NEW JERSEY MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

Center for Human & Molecular Genetics
Cytogenetic Lab (973) 972-4480
Biochemical Lab (973) 972-3738
Molecular Genetics Lab (973) 972-3170
Genetic Counselors (973) 972-3300
Billing (973) 972-4612

MOLECULAR DIAGNOSTIC REPORT

Patient Name:	**Morgenstern, Chaya**	**DOB:**	**Lab ID#**	**109567 CF**
Report Sent to: Tillie Young, M.S. **Morristown Memorial Hospital** **Genetic Services** **Anderson-B** **100 Madison Avenue** **Morristown, NJ 07960**		**Date Sample Received:**	**05/02/2001**	
		Report Date:	**05/16/2001**	
		Completion Date:	**05/14/2001**	
Type of Specimen:	**Cheek Cells**	**Source of Referral:**	**Morristown Memorial**	

MOLECULAR ANALYSIS FOR CYSTIC FIBROSIS

CYSTIC FIBROSIS

ΔI507	S549N	N1303K	A455E
ΔF508	G551D	W1282X	R117H
A1717	R553X	R334W	T621
G542X	R560T	R347P	T3849

Buccal cells were received from this patient for cystic fibrosis carrier testing. Insufficient amount of usable DNA precluded a complete analysis of the CF mutation panel, so a definitive diagnosis was not possible. However, if the patient wishes to supply a blood sample (purple top EDTA vacutainer), we will provide a complete analysis at no extra charge.

This test was developed and its performance determined by the Molecular Diagnostic Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. However, the FDA has determined that such a clearance or approval is not necessary.

Franklin Desposito, M.D.
Director of Clinical Genetics
Department of Pediatrics
ABMG Certified, Molecular Genetics

James J. Dermody, Ph.D.
Director
Molecular Diagnostic Laboratory
ABMG Certified, Molecular Genetics

☐ **Genetic Counseling Recommended**

CG020

Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

tient: GROSSBAUM, MENDEL
.ocation: AMADP--
'hysician: SILK, MORTON
:opy To: SILK, MORTON
Order Comm:

Pat. id#:
M. R. N.: A00591460 Age: 24 Sex: M
D. O. B.:
Admitted: 02/23/04

TEST	ABN	RESULT	REF. RANGE	UNITS
		FINAL		

Order Id : 62232081
Date&Time Collected: 02/23/04 13:51
Date&Time Received: 02/23/04 13:51

R e f e r e n c e L a b o r a t o r y T e s t i n g

*see note

Cystic Fibrosis DNA
Test performed by Quest Labs.
CYSTIC FIBROSIS

RESULT: HETEROZYGOUS POSITIVE FOR THE DELTA F508 MUTATION

DNA testing indicates this individual has one mutation in the cystic fibrosis (CF) gene, consistent with being an unaffected CF carrier. This specimen is negative for the other CF gene mutations tested.

This result does not rule out CF. The risk to have another CF mutation other than the ones tested depends greatly on family and clinical history as well as ethnicity. Furthermore, many men with an infertility problem known as congenital bilateral absence of the vas deferens (CBAVD) may only have one copy of a CF mutation. Consider genetic counseling and CF DNA testing for at-risk family members and reproductive partners.

This individual is negative for the 5T allele in intron 8 of the CFTR gene.

Nicholas M. Brown, Ph. D.
Director, Molecular Genetics

The twenty-five mutations analyzed in this test (A455E, Delta I507, Delta F508, G542X, G551D, R553X, R560T, 1717-1 G>A, R1162X, 3659delC, N1303K, W1282X, R334W, R347P, 1078delT,

c o n t i n u e d o n n e x t p a g e

M. R. N: A00591460

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - -
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT

nted: 03/04/2004 11:11 by SSANT

Hahnemann University Hospital
Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

tient:	GROSSBAUM, MENDEL	Pat. id#:	
Location:	AMADP--	M. R. N.:	A00591460
Physician:	SILK, MORTON	D. O. B.:	Age: 24 Sex: M
Copy To:	SILK, MORTON	Admitted:	02/23/04
Order Comm:			

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id : 62232081 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51

c o n t i n u e d

R e f e r e n c e L a b o r a t o r y T e s t i n g

R117H, 621+1 G>T, 2789+5 G>A, 3849+10kb C>T, G85E, 711+1 G>T, 3120+1 G>A, I148T, 1898+1 G>A, 2184delA) comprise approximately 90% of the CF mutations found in non-Hispanic Caucasians, 97% in Ashkenazi-Jewish individuals, 69% in African-Americans, and 57% in Hispanics. There is insufficient data on the sensitivity of this assay in Asian-Americans. This includes all twenty-five core mutations recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) for population-based CF carrier screening. While some assay platforms may detect rare mutations not included in the standard ACOG/ACMG panel, these mutations are not reported due to lack of consensus by ACOG/ACMG. Analysis of the 5T/7T/9T polymorphism in intron 8 of the CFTR gene is included in all studies. Testing for the I506V and I507V polymorphisms is performed only if homozygous Delta F508 or Delta I507 mutation is detected.

These mutations are detected by amplification of specific CFTR gene regions by polymerase chain reaction (PCR) followed by oligonucleotide ligation assay (OLA) and detection of fluorescent reaction products by automated capillary electrophoresis. Since genetic variation and other factors can affect the accuracy of direct mutation testing, the results of this testing should always be interpreted in light of clinical and familial data.

For assistance with interpretation of these results, please contact your local Quest

c o n t i n u e d o n n e x t p a g e

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - - M. R. N: A00591460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
nted: 03/04/2004 11:11 by SSANT

Morristown Memorial Hospital
antic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

tient: GROSSBAUM, MENDEL Pat. id#:
Location: AMADP-- M. R. N.: A00591460
Physician: SILK, MORTON D. O. B.: Age: 24 Sex: M
Copy To: SILK, MORTON Admitted: 02/23/04
Order Comm:

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id : 62232081 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51
c o n t i n u e d

R e f e r e n c e L a b o r a t o r y T e s t i n g

Diagnostics genetic counselor or call
1-866-GENEINFO (436-3463).

This test is performed pursuant to a license agreement with Celera Diagnostics.

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

This test was performed at:
Quest Diagnostics Nichols Institute Chantilly
14225 Newbrook Drive
P.O. Box 10841
Chantilly, VA 20153

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - - M. R. N: A00591460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
Printed: 03/04/2004 11:11 by SSANT PAGE: 3 of 3

PEDIATRIC GASTROENTEROLOGY & NUTRITION CENTER

MEDICAL CENTER
ATLANTIC HEALTH SYSTEM

Morristown Memorial Hospital
100 Madison Avenue, Box 82
Morristown, NJ 07962-1956

Overlook Hospital
99 Beauvoir Avenue, 7th Floor
Summit, NJ 07902

Atlantic Children's Health
870 Pompton Avenue
Canfield Office Park, A1 & B1
Cedar Grove, NJ 07009

Phone: 973-971-5676
Fax: 973-290-7365

Joel R. Rosh, MD
Barbara J. Fehling, MD
Richard L. Mones, MD
Nader Youssef, MD

Ruth Irizarry, RN, BSN
Stephanie Schuckalo, RN, APN
Elaine Nussbaum, RN, APN
Annette Langseder, RN, BSN

Charlotte Intile, LSW
Meg Barry Ploss, MS, RD
Diane Z. Duelfer, MS, RD

FACSIMILE TRANSMISSION

To: Dr Frederich Licciardi

Fax: 212 263 7853

From: Anne

Date: 2/11/2004

Number of pages (including this cover sheet): (3)

CG024

Morristown Memorial Hospital
Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Diss MD, PhD Jary G. Magidson MD

Patient: GROSSBAUM, MENDEL
Location: AMADP--
Physician: SILK, MORTON
Copy To: SILK, MORTON
Order Comm:

Pat. id#:
M R N : A00581460
D O B :
Admitted: 02/23/04
Age: 24 Sex: M

TEST	ABN	RESULT	REF RANGE	UNITS

Order Io : 62232081
Date&Time Collected: 02/23/04 13:51
FINAL
Date&Time Received: 02/23/04 19:51

Reference Laboratory Testing

Cystic Fibrosis DNA *see note
Test performed by Quest Labs
CYSTIC FIBROSIS

RESULT: HETEROZYGOUS POSITIVE FOR THE DELTA F508 MUTATION

DNA testing indicates this individual has one mutation in the cystic fibrosis (CF) gene, consistent with being an unaffected CF carrier. This specimen is negative for the other CF gene mutations tested.

This result does not rule out CF. The risk to have another CF mutation other than the ones tested depends greatly on family and clinical history as well as ethnicity. Furthermore, many men with an infertility problem known as congenital bilateral absence of the vas deferens (CBAVD) may only have one copy of a CF mutation. Consider genetic counseling and CF DNA testing for at-risk family members and reproductive partners

This individual is negative for the 5T allele in intron 8 of the CFTR gene

Nicholas A. Brown, Ph. D.
Director, Molecular Genetics

The twenty-five mutations analyzed in this test (A455E, Delta I507, Delta F508, G542X, G551D, R553X, R560T, 1717-1 G>A, A1182X, 3659delC,

continued on next page

*-new results

Patient: GROSSBAUM, MENDEL Location: AMADP - - M.R.N: A00581460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
PRINTED 02/28/2004 15:41 Page: 1 of 3

Attn: Dr. F. Licciardi's Office

Morristown Memorial Hospital
Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Diss MD, PhD Jory G. Magidson MD

Patient: GROSSBAUM, MENDEL
Location: AMADP--
Physician: SILK, MORTON
Copy To: SILK, MORTON
Order Comm:

Pat. Id#:
M.R.N.: A00501460
D.O.B.:
Admitted: 02/23/04 Age: 24 Sex: M

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id: 82232061 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51
continued

Reference Laboratory Testing
For assistance with interpretation of these results, please contact your local Quest Diagnostics genetic counselor or call 1-888-GENEINFO (436-3463).

This test is performed pursuant to a license agreement with Celera Diagnostics.

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

This test was performed at:
Quest Diagnostics Nichols Institute Chantilly
14225 Newbrook Drive
P.O. Box 10841
Chantilly, VA 20153

CG026

Morristown Memorial Hospital
Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Diss MD, PhD Jory G. Hagidson MD

Patient: GROSSBAUM, MENDEL
Location: AMACP - -
Physician: SILK, MORTON
Copy to: SILK, MORTON
Order Comm:

PB: ios
M R #.
D O B.
Admitted: 02/23/04

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id 02232081 FINAL
Date&Time Collected 02/23/04 13:51 Date&Time Received: 02/23/04 19:53

continued

Reference Laboratory Testing

N1303K, W1282X, R334W, R347P, 1078delT, R117H, 621+1 G>T, 2789+5 G>A, 3849+10kb C>T, D836E, 711+1 G>T, 3120+1 G>A, I148T, 1898+1 G>A, 2184delA) comprise approximately 90% of the CF mutations found in non-Hispanic Caucasians, 97% in Ashkenazi-Jewish individuals, 68% in African-Americans, and 57% in Hispanics. There is insufficient data on the sensitivity of this assay in Asian-Americans. This includes all twenty-five core mutations recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) for population-based CF carrier screening. While some assay platforms may detect rare mutations not included in the standard ACOG/ACMG panel, these mutations are not reported due to lack of consensus by ACOG/ACMG. Analysis of the 5T/7T/9T polymorphism in intron 8 of the CFTR gene is included in all studies. Testing for the I506V and I507V polymorphisms is performed only if homozygous Delta F508 or Delta I507 mutation is detected.

These mutations are detected by amplification of specific CFTR gene regions by polymerase chain reaction (PCR) followed by oligonucleotide ligation assay (OLA) and detection of fluorescent reaction products by automated capillary electrophoresis. Since genetic variation and other factors can effect the accuracy of direct mutation testing, the results of this testing should always be interpreted in light of clinical and familial data.

continued on next page

CG027

MESSAGE CONFIRMATION

03/08/2004 09:41
ID=NYUMC PIVF

DATE	TIME	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
03/08	09:34	02'15"	ACCESSLINE	CALLING	08	OK	0000

Mailed Dr Hughes 3/18/04

NYU SCHOOL OF MEDICINE
Jamie A. Grifo, M.D., Ph.D.
660 FIRST AVENUE
Fifth floor
NEW YORK, NEW YORK 10016
212.263.7978
FAX 212.263.7853

Fax to: Dr. Hughes

Fax Number 313-544-4000 Tel Number _____

Date 3-8-04 Number of pages 8

Statement of Confidentiality: The information contained in this facsimile message is privileged and confidential information protected by law and intended only for use by the addressee. If you, the reader of this statement, are not the intended recipient of this transmission, or if you are not properly authorized to receive this information, you are hereby notified that you are not authorized to read, possess, use or disclose the enclosed document(s). Any dissemination, distribution, or copy of this fax, or the information contained within, is strictly prohibited. If you received this fax in error, please notify the sender immediately at the telephone number provided above or at 800-610-8990 and either destroy these documents or arrange for their return to us at the mailing address above. Thank you.

Message: Chaya Morgenstern-Grossbaum

FAXED

genesis
genetics institute

Patient Data Form

Patient: Chaya (First Name) Morgenstern-Grossbaum (Last Name)

DOB

Partner: Menachem (First Name) Grossbaum (Last Name)

DOB

Phone:

E-Mail

Contact Address:

Brooklyn NY 11213

IVF Program: NYU

Genetic Disorder: CF

Info on Children:

UMDNJ
NEW JERSEY MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

Center for Human & Molecular Genetics
Cytogenetic Lab (973) 972-4480
Biochemical Lab (973) 972-3738
Molecular Genetics Lab (973) 972-3170
Genetic Counselors (973) 972-3300
Billing (973) 972-4612

MOLECULAR DIAGNOSTIC REPORT

Patient Name:	Morgenstern, Chaya	DOB:	Lab ID#	109567 CF
Report Sent to: Tillie Young, M.S. Morristown Memorial Hospital Genetics Services Anderson-B 100 Madison Avenue Morristown, NJ 07960		Date Sample Received: Date of Report: Completion Date:	05/22/2001 05/24/2001 05/23/2001	
Type of Specimen:	Blood	Source of Referral:	Morristown Memorial	

MOLECULAR ANALYSIS FOR CYSTIC FIBROSIS

CF MUTATIONS

ΔI507	S549N	N1303K	A455E	G85E	G480C	3659delC	I506V
ΔF508	G551D	W1282X	R117H	C405	2307insA	S1255X	I507V
A1717	R553X	R334W	T621	T711	A2789	5T/7T/9T	F508C
G542X	R560T	R347P	T3849	1078delT	A3120	A559T	

INTERPRETATION:

This patient was tested for 27 mutations and four polymorphisms listed above and was found to be a carrier of the G542X mutation.

ASSESSMENT:

This patient *is* a CF carrier.

This test was developed and its performance determined by the Molecular Diagnostic Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. However, the FDA has determined that such a clearance or approval is not necessary.

Franklin Desposito, M.D.
Director of Clinical Genetics
Department of Pediatrics
ABMG Certified, Molecular Genetics

James J. Dermody, Ph.D.
Director
Molecular Diagnostic Laboratory
ABMG Certified, Molecular Genetics

☐ Genetic Counseling Recommended

UMDNJ
NEW JERSEY MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

Center for Human & Molecular Genetics
Cytogenetic Lab (973) 972-4480
Biochemical Lab (973) 972-3738
Molecular Genetics Lab (973) 972-3170
Genetic Counselors (973) 972-3300
Billing (973) 972-4612

MOLECULAR DIAGNOSTIC REPORT

Patient Name:	**Morgenstern, Chaya**	**DOB:**		**Lab ID#**	**109567 CF**
Report Sent to: Tillie Young, M.S. **Morristown Memorial Hospital** **Genetic Services** **Anderson-B** **100 Madison Avenue** **Morristown, NJ 07960**		**Date Sample Received:**		**05/02/2001**	
		Report Date:		**05/16/2001**	
		Completion Date:		**05/14/2001**	
Type of Specimen:	**Cheek Cells**	**Source of Referral:**		**Morristown Memorial**	

MOLECULAR ANALYSIS FOR CYSTIC FIBROSIS

CYSTIC FIBROSIS

ΔI507	S549N	N1303K	A455E
ΔF508	G551D	W1282X	R117H
A1717	R553X	R334W	T621
G542X	R560T	R347P	T3849

Buccal cells were received from this patient for cystic fibrosis carrier testing. Insufficient amount of usable DNA precluded a complete analysis of the CF mutation panel, so a definitive diagnosis was not possible. However, if the patient wishes to supply a blood sample (purple top EDTA vacutainer), we will provide a complete analysis at no extra charge.

This test was developed and its performance determined by the Molecular Diagnostic Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. However, the FDA has determined that such a clearance or approval is not necessary.

Franklin Desposito, M.D.
Director of Clinical Genetics
Department of Pediatrics
ABMG Certified, Molecular Genetics

James J. Dermody, Ph.D.
Director
Molecular Diagnostic Laboratory
ABMG Certified, Molecular Genetics

☐ Genetic Counseling Recommended

CG032

Morristown Memorial Hospital
Atlantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

Patient: GROSSBAUM, MENDEL
Location: AMADP--
Physician: SILK, MORTON
Copy To: SILK, MORTON
Order Comm:

Pat. id#:
M. R. N.: A00591460
D. O. B.:
Age: 24 Sex: M
Admitted: 02/23/04

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id : 62232081 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51

Reference Laboratory Testing

Cystic Fibrosis DNA *see note
Test performed by Quest Labs.
CYSTIC FIBROSIS

RESULT: HETEROZYGOUS POSITIVE FOR THE DELTA F508 MUTATION

DNA testing indicates this individual has one mutation in the cystic fibrosis (CF) gene, consistent with being an unaffected CF carrier. This specimen is negative for the other CF gene mutations tested.

This result does not rule out CF. The risk to have another CF mutation other than the ones tested depends greatly on family and clinical history as well as ethnicity. Furthermore, many men with an infertility problem known as congenital bilateral absence of the vas deferens (CBAVD) may only have one copy of a CF mutation. Consider genetic counseling and CF DNA testing for at-risk family members and reproductive partners.

This individual is negative for the 5T allele in intron 8 of the CFTR gene.

Nicholas M. Brown, Ph.D.
Director, Molecular Genetics

The twenty-five mutations analyzed in this test (A455E, Delta I507, Delta F508, G542X, G551D, R553X, R560T, 1717-1 G>A, R1162X, 3659delC, N1303K, W1282X, R334W, R347P, 1078delT,

continued on next page

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - - M. R. N: A00591460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
Printed: 03/04/2004 11:11 by SSANT

CG033

lantic Health System
100 Madison Avenue
Morristown, New Jersey 07960
Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

Patient: GROSSBAUM, MENDEL
cation: AMADP--
Physician: SILK, MORTON
Copy To: SILK, MORTON
Order Comm:

Pat. id#:
M. R. N.: A00591460
D. O. B. Age: 24 Sex: M
Admitted: 02/23/04

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id : 62232081 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51

continued

Reference Laboratory Testing

R117H, 621+1 G>T, 2789+5 G>A, 3849+10kb C>T, G85E, 711+1 G>T, 3120+1 G>A, I148T, 1898+1 G>A, 2184delA) comprise approximately 90% of the CF mutations found in non-Hispanic Caucasians, 97% in Ashkenazi-Jewish individuals, 69% in African-Americans, and 57% in Hispanics. There is insufficient data on the sensitivity of this assay in Asian-Americans. This includes all twenty-five core mutations recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) for population-based CF carrier screening. While some assay platforms may detect rare mutations not included in the standard ACOG/ACMG panel, these mutations are not reported due to lack of consensus by ACOG/ACMG. Analysis of the 5T/7T/9T polymorphism in intron 8 of the CFTR gene is included in all studies. Testing for the I506V and I507V polymorphisms is performed only if homozygous Delta F508 or Delta I507 mutation is detected.

These mutations are detected by amplification of specific CFTR gene regions by polymerase chain reaction (PCR) followed by oligonucleotide ligation assay (OLA) and detection of fluorescent reaction products by automated capillary electrophoresis. Since genetic variation and other factors can affect the accuracy of direct mutation testing, the results of this testing should always be interpreted in light of clinical and familial data.

For assistance with interpretation of these results, please contact your local Quest

continued on next page

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - - M. R. N: A00591460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
Printed: 03/04/2004 11:11 by SSANT

Atlantic Health System
00 Madison Avenue
Morristown, New Jersey 07960
Co-Directors:- Craig A. Dise MD, PhD Jory G. Magidson MD

Patient: GROSSBAUM, MENDEL
cation: AMADP--
..ysician: SILK, MORTON
Copy To: SILK, MORTON
Order Comm:

Pat. id#:
M. R. N.: A00591460
D. O. B.: Age: 24 Sex: M
Admitted: 02/23/04

TEST	ABN	RESULT	REF. RANGE	UNITS

Order Id : 62232081 FINAL
Date&Time Collected: 02/23/04 13:51 Date&Time Received: 02/23/04 13:51

c o n t i n u e d

R e f e r e n c e L a b o r a t o r y T e s t i n g

Diagnostics genetic counselor or call
1-866-GENEINFO (436-3463).

This test is performed pursuant to a license agreement with Celera Diagnostics.

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This test was performed at:
Quest Diagnostics Nichols Institute Chantilly
14225 Newbrook Drive
P. O. Box 10841
Chantilly, VA 20153

*-new results
Patient: GROSSBAUM, MENDEL Location: AMADP - - M. R. N: A00591460
KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
LABORATORY REPORT
Printed: 03/04/2004 11:11 by SSANT

Dr Frederick L. Licciardi, MT

Date Called: 2/4/04 Appointment Date: _____ Time: _____

Referred by: Rabbi Jacobowitz (Morgenstern

Name: Chaya Rochel Grossbaum DOB:

Partner: Menachem Grossbaum DOB:

Partner Wk#: _____

Address: _____

Brooklyn, NY 11213

Home Phone #: Work Phone #: _____

Reason for appointment: IVF Both CF carrier

Insurance coverage: Oxford

Medical Records: _____ FSH: has done _____ will do _____

HSG: _____

Price quoted: $450

Patient info form faxed/mailed to: _____

Will forward CF Results

Wife will have CF results sent husband to be retested due to not being able to get recds

Date: Mon, 22 Mar 2004 14:34:09 -0500
From: Mark Hughes <mrhughes@GenesisGenetics.org>
To: griolf01@med.nyu.edu
Reply-to: pgd@GenesisGenetics.org
Subject: Morgenstern-Grossbaum.CF10+11.NYU.2004#316

We could do PGD for this patient whenever you wish to set it up.
BUT....
We need blood and we need them to call for their phone consultation.

313-544-4006.
Dr Hughes.
appt 3/25/04 @ 12pm

CG037

New York University
Program for InVitro Fertilization
Reproductive Surgery and Infertility

Name: Grossbaum-Morgenstein, Chaya

PROGRESS NOTES

3/31/04 Patient and family member attended orientation and medication reconstitution class. Protocol reviewed. Protocol reviewed, All questions addressed and answered. Pt verbalized understanding of protocol. Consent forms were taken home for review and husband's signature. Pt was told about the importance of having consents in chart before start date. Pt reassured me that consents would be in chart before start date. — Kay Benson

4/7/04 L/M @ home reminding Pt about consent forms which need to be in chart as well as outstanding labs and husband's semen analysis report. — [illegible]

4/12/04 L/M on cell phone, reinforcing the need for outstanding labs to be done before start date! — Kay Benson

5/11/04 [illegible] pt [illegible] ready [illegible] call [illegible] day [illegible] [illegible]

CG038

NYU School of Medicine
Program For IVF Andrology Laboratory

660 First Avenue, 5th Fl.
New York, NY 10016

Routine Semen Analysis: ______
IVF Semen Analysis: ✓

Patient's Name: GROSSBAUM, MENACHEM M
Spouse's Name: GROSSBAUM, CHAYA R.
Physician's Name: Dr LICCIARDI
Date: 4/29/2004

Time Specimen collected: [illegible] Time Specimen received: [illegible] Time Specimen analyzed: [illegible]	Semen Analysis 1	Semen Analysis 2	IUI/ Sperm Prep
Lab Accession ID#	200404609		
Volume (cc) Normal ≥ 2.0 cc)	5.8		
Appearence (greyish, white / opaque)	[illegible]	[illegible]	[illegible]
Viscosity (1-Normal, 2-Moderate, 3-High)	1		
pH ≥ 7.2	8.0		
Count (10^6 / cc) (≥ 20 x 10^6 / cc)	[illegible]		
% Motility (≥50%)	62%		
Grade of Forward Progression (≥2+)	[illegible]		
PMN count (<1.0 x 10^6/cc)	0.07 x 10⁶/cc		
Agglutination (None)	None		
Fructose Test: Positive, Negative, or N/A	N/A		
Indicate if present: (extracellular debris, other)	[illegible]		
% Normal oval forms(normal is defined as ≥ 14% Normal Oval heads)	2 Low		
% Large Head(s)	1		
% Small Head(s)	2		
% Irregular Head(s)	15		
% Tapered Head(s)	21		
% Blunted Tail(s)	3		
% Coiled Tail(s)	9		
% Cytoplasmic Droplet(s)	1		
% Duplicate Head(s)	6		
% Duplicate Tail(s)	3		

Interpretation: [illegible] of [illegible] to Chaya Rachel Grossbaum. sample collected [illegible] via intercourse using Male [illegible] condom

Abstinence: 3 days

SUITABLE FOR IVF (Note LOW % Normal Oval forms)

Lab Tech Init. [illegible] lab Supervisor Init. [illegible] Lab Director Init. [illegible]

CG039

(Ref: W.H.O. Lab Manual for the Examination of Human Semen. Cambridge Press 1999, 4th ed.

564 NYU/MC 12/03

Genzyme Genetics

Cystic Fibrosis Mutation Analysis

Patient Name: Grossbaum-Morgenstern, Chaya Rochel
Referring Physician: Frederick L. Licciardi, M.D.
Specimen #:
Patient ID:
Client #:
Case #:

Program for IVF (Non-Donor)
New York University Medical Center
660 1st Avenue
5th Floor
New York NY 10016

DOB:
Sex: F
SSN:

Date Collected: 04/19/2004
Date Received: 04/20/2004
Lab ID:
Hospital ID:
Specimen Type: **BLDPER**

Ethnicity: Ashkenazi Jewish

Indication: Carrier test / No family history

RESULTS: POSITIVE for one copy of the G542X mutation

INTERPRETATION

This individual is a carrier of CF.

COMMENTS:

Genetic counseling is recommended to discuss the potential clinical and/or reproductive implications of this result, as well as recommendations for testing other family members and, when applicable, this individual's partner.

Mutation Detection Rates among Ethnic Groups Detection rates are based on mutation frequencies in patients affected with cystic fibrosis. Among individuals with an atypical or mild presentation (e.g. congenital absence of the vas deferens, pancreatitis) detection rates may vary from those provided here.

Ethnicity	Detection rate	References
Caucasian	92.6%	Genet in Med 3:168, 2001 in conjunction with Genet in Med 4:90, 2002
African American	81%	Genet in Med 3:168, 2001
Hispanic	72%	Genet in Med 3:168, 2001
Ashkenazi Jewish	97%	Am J Hum Genet 51:951, 1994
Jewish, non-Ashkenazi	Varies by country of origin	Genet Testing 5:47, 2001, Genet Testing, 1:35, 1997
Asian	Not Provided	Insufficient data
Other or Mixed Ethnicity	Not Provided	Detection rate not determined and varies with ethnicity

This interpretation is based on the clinical information provided and the current understanding of the molecular genetics of this condition. Although DNA-based testing is highly accurate, rare diagnostic errors may occur. Examples include misinterpretation because of genetic variants, blood transfusion, bone marrow transplantation, or erroneous representation of family relationships or contamination of a fetal sample with maternal cells.

METHOD

DNA is isolated from the sample and tested for the 86 CF mutations listed. Regions of the CFTR gene are amplified enzymatically and hybridized to specific CF mutation oligonucleotide probes. Results are characterized as positive or negative, and specimens with positive results are tested for specific mutation identity. The assay discriminates between ΔF508 and the following polymorphisms: F508C, I506V, I506M and I507V.

Under the direction of:

Ruth A. Heim, Ph. D.

CG040

Date: 04/30/2004

Testing Performed At Genzyme Genetics 3400 Computer Drive Westborough, MA 01581 1-800-255-7357

genzyme GENETICS

Cystic Fib. sis Mutation Analysis

Patient Name: Grossbaum-Morgenstern, Chaya Rochel
Referring Physician: Frederick L. Licciardi, M.D.
Specimen #: **Client #:**
Patient ID: **Case #:**

DOB:
Sex: F
SSN:

Date Collected: 04/19/2004
Date Received: 04/20/2004
Lab ID:
Hospital ID:
Specimen Type: **BLDPER**

Program for IVF (Non-Donor)
New York University Medical Center
660 1st Avenue
5th Floor
New York NY 10016

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Under the direction of: Ruth A Heim

Ruth A. Heim, Ph. D.

Date: 04/30/2004

Testing Performed At Genzyme Genetics 3400 Computer Drive Westborough, MA 01581 1-800-255-7357

CG041

MUTATIONS ANALYZED			
ΔF508	R334W	2183delAA>G	M1101K
Δ1507	R347H	2184delA	Q359K/T360K
A455E	R347P	2789+5G>A	Q552X
A559T	R352Q	2869insG	R1066C
C524X	R553X	3120+1G>A	S1251N
E60X	R560T	3120G>A	L206W
G178R	S1196X	3659delC	394delTT
G330X	S1255X	3662delA	T338I
G542X	S364P	3791delC	R117C
G551D	S549N	3821delT	G480C
G85E	S549R	3849+10kbC>T	ΔF311
2307insA	V520F	3849+4A>G	D1152H
I148T	W1089X	3905insT	712-1G>T
K710X	W1282X	405+1G>A	1161delC
N1303K	Y1092X	444delA	405+3A>C
P574H	Y563D	574delA	2143delT
Q1238X	1078delT	621+1G>T	1898+5G>T
Q493X	1677delTA	711+1G>T	1949del84
Q890X	1717-1G>A	1609delCA	3876delA
R1158X	1812-1G>A	R1283M	711+5G>A
R1162X	1898+1G>A	G91R	
R117H	2043delG	S549I	

This test was developed and its performance characteristics determined by Genzyme Genetics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

Quest Diagnostics®

PATIENT INFORMATION
GROSSBAUM-MORGENSTEN,CHAYA RAC

REPORT STATUS **FINAL**

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.631.1390

DOB: AGE: 23
GENDER: F
SS:
ID:
PHONE:

ORDERING PHYSICIAN
LICCIARDI, FRED

SPECIMEN INFORMATION
SPECIMEN: 33032908
REQUISITION: A02615025743A

CLIENT INFORMATION
T22494 10270350
NYUMC PIVF
660 FIRST AVENUE
NEW YORK, NY 10016-3295

COLLECTED: 04/19/2004 08:50
RECEIVED: 04/20/2004 00:52
REPORTED: 04/20/2004 13:51

Test Name	In Range	Out of Range	Reference Range	Lab
HIV-1/HIV-2 AB SCR W/RFX				TBR
HIV-1 & HIV-2 AB	Nonreactive		Nonreactive	
See footnote 1				

FOOTNOTE(S):

1

Government regulations require the assurance of patient confidentiality.

PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 31D0696246

CG043

View/Reply to Note Thread

Family: Morgenstern-Grossbaum.M/C

Ongoing Info
By: Shannon Wiltse 2004-05-23 21:58:16
Description: Follistem planned for 7/6/04
Activity Cycle:
Note Body:

Your Reply Here

Title: RE: Ongoing Info
Description:
Activity Cycle:
Note Body:
Attach File: Browse...

Keep this note visible as my current working note

Reply Close

CG044

Plead file w PVT CV thanks

Date: Tue, 11 May 2004 08:44:29 -0400
From: Mark Hughes <pgd@GenesisGenetics.org>
To: griolf01@med.nyu.edu
Reply-to: pgd@GenesisGenetics.org
Subject: RE: Morgenstern-Grossbaum.CF10+11.NYU.2004#316

Yes-
Just remember that we are closed from June 27-July 11, so last day for biopsy is June 25th.
Other than that, we're set.
Let us know when you think retrieval might be.
Thx

-----Original Message-----
From: griolf01@med.nyu.edu [mailto:griolf01@med.nyu.edu]
Sent: Monday, May 10, 2004 4:43 PM
To: pgd@genesisgenetics.org
Subject: Fwd: Morgenstern-Grossbaum.CF10+11.NYU.2004#316

good afternoon dr hughes
imelda would like to know if they are ready
to start
please advise
thanks

This mail sent through IMP: http://horde.org/imp/

CG045